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(PTO ASSISTANCE)

(E-F725)

Query Check

Application : 09/168 919

Examiner : Shand, R

GAU : 2665

From: JYC

Location: IDC FMF FDC

Date: 12/14/2005

Tracking #: X

Week Date: X

DOC CODE	DOC DATE	MISCELLANEOUS
<input type="checkbox"/> 1449		<input type="checkbox"/> Continuing Data
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<input type="checkbox"/> SRFW		<input type="checkbox"/> Other
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[RUSH] MESSAGE: Please re-apply the issue fee to the most recent Notice of Allowance.

Thank you,

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REV 10/04

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Complete and send this form, together with applicable fee(s), to: **Mail**

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24197 7590 11/03/2005

**KLARQUIST SPARKMAN, LLP**  
121 SW SALMON STREET  
SUITE 1600  
PORTLAND, OR 97204

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I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.

A. Jonathan Vance, Esq.	(Depositor's name)
<i>Jonathan</i>	(Signature)
23 Nov 2005	
(Date)	

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/168,919	10/09/1998	UMESH J. AMIN	2455-4263US1	5031

TITLE OF INVENTION: TDMA MESSAGING SERVICE MICROCELL

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$0	\$0	\$0	02/03/2006

EXAMINER	ART UNIT	CLASS-SUBCLASS
SHAND, ROBERTA A	2665	370-329000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.

"Fee Address" indication (or "Fee Address" indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list

(1) the names of up to 3 registered patent attorneys or agents OR, alternatively,

(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1. Klarquist Sparkman, LLP

2. \_\_\_\_\_

3. \_\_\_\_\_

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Cingular Wireless II, LLC

Atlanta, Georgia

Please check the appropriate assignee category or categories (will not be printed on the patent):  Individual  Corporation or other private group entity  Government

4a. The following fee(s) are enclosed:

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5. Change in Entity Status (from status indicated above)

a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.

b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature \_\_\_\_\_

*Jonathan Vance*

Date 23 Nov 2005

Typed or printed name A. Jonathan Vance

Registration No. 56,258

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